

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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2	/					
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32	3					
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34	1					
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	46					
TOTAL CLAIMS	R2					

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						